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7590 02/16/2005

John A. Chionchio, Esquire
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Dawn M. Larsen	(Depositor's name)
<i>Dawn M. Larsen</i>	
(Signature)	
April 20, 2005	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/601,230	06/20/2003	Douglas R. Dole	26889 USA	9076

TITLE OF INVENTION: PIPE PREPARATION TOOL ADAPTABLE FOR DIFFERENT DIAMETER PIPES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/16/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
TOLAN, EDWARD THOMAS	3725	072-123000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<u>1</u> <u>Synnestvedt & Lechner LLP</u>
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<u>2</u> _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY AND STATE OR COUNTRY)	1400.00 OP
Victaulic Company of America	01 FC:1501 02 FC:1504 03 FC:8001	300.00 OP 30.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 Publication Fee (No small entity discount permitted)
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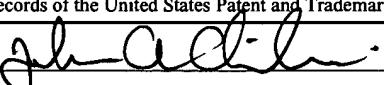
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 The Director is hereby authorized to charge any fee deficiencies to Deposit Account Number 19-5425 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date April 20, 2005

Typed or printed name John A. Chionchio

Registration No. 40,954

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